



Insurance and Real Estate Committee Hearing
Thursday, March 17th 2022

Testimony of Jordan Fairchild,
Coordinator and Community Organizer
On behalf of Keep The Promise Coalition

In support of S.B. 414, S.B. 415, and S.B. 416

Senator Lesser, Representative Wood, and distinguished members of the Insurance and Real Estate Committee:

My name is Jordan Fairchild and I am the Coordinator and Community Organizer for Keep The Promise Coalition (KTP), a grassroots group of advocates with lived experience of mental health, addiction, and co-occurring conditions. Thank you for the opportunity to testify on behalf of KTP regarding the following bills.

S.B. 414, AN ACT CONCERNING MENTAL HEALTH PARITY

In 2019, the Connecticut Legislature passed H.B. 7125, signed into law as Public Act 19-159, *An Act Concerning Mental Health and Substance Use Disorder Benefits*. This was designed to bring insurance coverage for mental health and substance use disorders to par with that of other benefits.

However, significant gaps remain for people seeking quality, affordable mental health coverage. And while the statute required health carriers to submit their first report concerning parity in April of last year, those reports have not been filed due to the extensive amount of data that the insurance companies submitted, which did not comply with the requested format. Advocates have described this play by the insurance companies as “death by data”.

It’s time for the insurance companies to submit legible data reports, so the Insurance Commissioner can assess the state of mental health parity in Connecticut, especially during this time of crisis. **We support S.B. 414.**

S.B. 415, AN ACT CONCERNING STEP THERAPY, ADVERSE DETERMINATION, AND UTILIZATION REVIEWS

Passing S.B. 414 by itself is not enough to ensure parity. True mental health parity will also require the passage of S.B. 415. In passing our state’s original mental health parity bill in 2019, the legislature recognized the importance of balancing the application of non-quantitative treatment limitations between mental health and substance use disorder benefits, and medical and

surgical benefits. In other words, the legislature acknowledged that mental health parity requires that these limitations be applied equally. Examples of non-quantitative treatment limitations include utilization reviews and prior authorization such as step therapy. These all allow insurance companies to avoid doing their job— to uphold their end of an agreement to provide coverage for paying customers when necessary; and allow insurance companies to play doctor, ~~for~~ under the strong financial incentive ~~of to~~ cutting costs on clients' benefits.

Step therapy is especially concerning in mental health treatment, where patients are required to fail first on cheaper and often less effective medications, before their insurer will authorize use of the better fitting drug. This is done even against the recommendations of prescribers, and has serious ramifications ~~on~~ for patients' health. People's reactions to psychiatric medications are unique, and research has shown that, when prescribing these medications, access to a wide variety of medications is needed to prevent more severe and intensive emergency outcomes. For people seeking help for mental health conditions, failing first can literally mean losing their lives.

Similarly, insurers use adverse determinations ~~and in~~ utilization reviews to deny coverage and place the burden on patients to prove that their care is necessary. Times of medical ~~need~~ necessity are already difficult enough experiences for patients and their families— they should not be expected to argue with their insurance provider to prove that their claim is valid.

We support S.B. 415, which would prohibit step therapy in mental health treatment, and ~~reverse~~ place the burden of proof onto the insurance company before denying coverage.

S.B. 416, AN ACT PROMOTING COMPETITION IN CONTRACTS BETWEEN HEALTH CARRIERS AND HEALTH CARE PROVIDERS.

Finally, **we support S.B. 416**, and echo the testimony submitted by Ellen Andrews of the Connecticut Health Policy Project. For far too long, large, consolidated health systems have used their monopoly power to stifle competition, leading to price increases without a guarantee of improvements in quality of care.

S.B. 416 would ban certain types of anti-competitive contract clauses between large health systems and insurance providers, and thereby remove a tool which they have used to gain a market advantage at the expense of competition and health care affordability.

Thank you for the opportunity to submit testimony.

Mental Health Parity

- <https://www.cga.ct.gov/2021/insdata/tmy/2021PA-19159-R000514-Craig,%20Suzi,%20Chief%20Strategy%20Officer-Mental%20Health%20Connecticut-Supports-%20Comments-TMY.PDF>
- <https://ctparitycoalition.org/>

Step Therapy, Adverse Determination, and Utilization Reviews

- <https://namict.org/wp-content/uploads/2021/03/Eliminating-use-of-Step-Therapy-for-MH-Rx-03152021.pdf>
- <https://ps.psychiatryonline.org/doi/full/10.1176/ps.2009.60.5.601>
- <https://www.cga.ct.gov/2021/INSdata/Tmy/2021SB-01045-R000318-Doolittle,%20Ted,%20Healthcare%20Advocate-CT%20Office%20of%20the%20Healthcare%20Advocate-Supports-TMY.PDF>

Anti-Competitive Contract Clauses

- <https://cthealthpolicy.org/index.php/2022/03/11/insurance-committee-to-hear-bill-to-mitigate-consolidation-and-lower-healthcare-costs/>
- <https://cthealthpolicy.org/wp-content/uploads/2022/01/Contract-clauses-brief-3722.pdf>